

Professional Licensing Agency
 402 West Washington Street
 Room W072
 Indianapolis, IN 46204



Eric J. Holcomb
Governor of Indiana
Lindsay M. Hyer
PLA Executive Director

Pharmacy Tech Training Program Renewal Form

You may renew online at MyLicense.IN.gov. Create your login credentials using the Register a Business option. Your registration code was on the renewal notice emailed or mailed to each training program. You may also complete and mail this form with any necessary documentation to the address in the top left corner.

PROGRAM INFORMATION: Update address, if needed, and provide a current phone number and email address			
Program Name	Program Number	Expiration Date	Renewal Fee No Renewal Fee
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
Contact Name	Contact Title		
INFORMATION			
If your curriculum, training materials, or experiential requirements have changed or been updated since last renewal – please attach a copy of your new curriculum.			
PROGRAM AFFIRMATION			
By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.			
Signature of Authority		Date (month, day, year)	

Visit us on the web at www.pla.in.gov.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date